

PET IDENTIFICATION



My Name: _____

My Phone number: Home _____ Work _____

My Address _____

Pet's Name: _____ Cat Dog Other

Breed: _____ Sex: Male Female Age: _____

Spayed/Neutered: No Yes

County Tag ID#: _____

Does your pet have an ID micro chip? No Yes If yes, what is the number: _____

Weight: _____ Height: _____ Eye Color: _____ Tail: _____

Hair Color: _____ Hair Length: _____

Veterinarian Information

Vet Office: _____ Vet's name: _____

Phone number: _____ Date of last vaccinations: _____

Any medical conditions / allergies? _____

Any special medications? _____

General disposition: _____

Is your pet good around children? No Yes

Is your pet good around dogs? No Yes

Is your pet good around cats? No Yes

Specific identifying marks and/or features that would help in identifying your pet: _____

In case of emergency please contact: _____

Notes: _____

